

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number EX02-004C

First Named Inventor Lioubin

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RRP Sequences and Knockout Mice and Uses Thereof

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|---|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label

23500

 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Mario N.
(first and middle (if any))Family Name Lioubin
or SurnameInventor's
Signature

Date

San Mateo

CA

US

US

Residence: City

State

Country

Citizenship

3014 Los Prados A310

Mailing Address

San Mateo

CA

94403

US

City

State

Zip

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Lori
(first and middle (if any))Family Name Friedman
or SurnameInventor's
Signature

Date

San Francisco

CA

US

US

Residence: City

State

Country

Citizenship

One Bayside Village Place

Mailing Address

San Francisco

California

94107

US

City

State

Zip

Country

☒ Additional inventors are being named on the 4 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 5

| | | | |
|--|--------------|---|--------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Marcia | | Belvin | |
| Inventor's Signature | | Date | |
| Residence: City Berkeley | State CA | Country US | Citizenship US |
| Mailing Address 1619 Walnut Street, Apt. C | | | |
| Mailing Address | | | |
| City Berkeley | State CA | ZIP 94709 | Country US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Jeffrey S. | | Larson | |
| Inventor's Signature | | Date | |
| Residence: City Burlingame | State CA | Country US | Citizenship US |
| Mailing Address 12200 El Camino Real, #305 | | | |
| Mailing Address | | | |
| City Burlingame | State CA | Zip 94010 | Country US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Changyou | | Chen | |
| Inventor's Signature | | Date | |
| Residence: City Castro Valley | State CA | Country US | Citizenship US |
| Mailing Address 6465 Crestwood Drive | | | |
| Mailing Address | | | |
| City Castro Valley | State CA | Zip 94552 | Country US |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 5

| | | | |
|---|---------------|---|-------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Stephanie A. | | Robertson | |
| Inventor's Signature | | Date | |
| Residence: City | San Francisco | State | CA |
| | | Country | US |
| Citizenship US | | | |
| Mailing Address 255 Fowler Avenue | | | |
| Mailing Address | | | |
| City | San Francisco | State | CA |
| | | ZIP | 94127 |
| | | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Wen | | Shi | |
| Inventor's Signature | | Date | |
| Residence: City | San Francisco | State | CA |
| | | Country | US |
| Citizenship US | | | |
| Mailing Address 1324 8 th Avenue, #4 | | | |
| Mailing Address | | | |
| City | San Francisco | State | CA |
| | | Zip | 94122 |
| | | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Jocelyn | | Chan | |
| Inventor's Signature | | Date | |
| Residence: City | San Francisco | State | CA |
| | | Country | US |
| Citizenship US | | | |
| Mailing Address 1049 Cortland Avenue | | | |
| Mailing Address | | | |
| City | San Francisco | State | CA |
| | | Zip | 94110 |
| | | Country | US |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5**

| | | | |
|---|---------------|---|-------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Danxi | | Li | |
| Inventor's Signature | | Date | |
| Residence: City | San Francisco | State | CA |
| | | Country | US |
| Citizenship | | CN | |
| Mailing Address 90 Behr Avenue, 32 | | | |
| Mailing Address | | | |
| City | San Francisco | State | CA |
| | | ZIP | 94131 |
| | | Country US | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Helen | | Francis-Lang | |
| Inventor's Signature | | Date | |
| Residence: City | San Francisco | State | CA |
| | | Country | US |
| Citizenship | | GB | |
| Mailing Address 1782 Pacific Avenue, Apt. 2 | | | |
| Mailing Address | | | |
| City | San Francisco | State | CA |
| | | Zip | 94109 |
| | | Country US | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Gregory D. | | Plowman | |
| Inventor's Signature | | Date | |
| Residence: City | San Carlos | State | CA |
| | | Country | US |
| Citizenship | | US | |
| Mailing Address 35 Winding Way | | | |
| Mailing Address | | | |
| City | San Carlos | State | CA |
| | | Zip | 94070 |
| | | Country US | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 4 of 5

| | | | |
|--|-------------|---|--------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Roel P. | | Funke | |
| Inventor's Signature | | Date | |
| Residence: City South San Francisco | State CA | Country US | Citizenship NL |
| Mailing Address 343 California Avenue | | | |
| Mailing Address | | | |
| City South San Francisco | State CA | ZIP 94080 | Country US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Michael | | Schoor | |
| Inventor's Signature | | Date | |
| Residence: City Leverkusen | State | Country Germany | Citizenship DE |
| Mailing Address Am Scherfenbrand 168 | | | |
| Mailing Address | | | |
| City Leverkusen | State | Zip 51375 | Country DE |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Branko | | Zevnik | |
| Inventor's Signature | | Date | |
| Residence: City Leverkusen | State | Country Germany | Citizenship DE |
| Mailing Address Gezelinallee 46 | | | |
| Mailing Address | | | |
| City Leverkusen | State | Zip 51375 | Country Germany |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 5 of 5

| | | | |
|--|---------|---|-----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Gunther | | Kauselmann | |
| Inventor's Signature | | Date | |
| Residence: City | Koeln | State | Country Germany |
| | | Citizenship DE | |
| Mailing Address Muenstereifeler Str. 39 | | | |
| Mailing Address | | | |
| City | Koeln | State | Country Germany |
| | | ZIP | 50937 |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Hartmut | | Tintrup | |
| Inventor's Signature | | Date | |
| Residence: City | Cologne | State | Country Germany |
| | | Citizenship DE | |
| Mailing Address Waisenhausgasse 48 | | | |
| Mailing Address | | | |
| City | Cologne | State | Country Germany |
| | | Zip | D-50676 |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | Country |
| | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | Country |
| | | Zip | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.